

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016177

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2101

STATE FILE NUMBER

FILED APR 22 1963

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
Eugene Smith
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>7 1/2 YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6717 MONTGOMERY AVE</u>		d. STREET ADDRESS (If outside, give location) <u>6717 MONTGOMERY AVENUE</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>(NONE)</u> Last <u>MARTIN</u>		4. DATE OF DEATH Month <u>April</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-10-77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE PAINTING</u>		11. BIRTHPLACE (City and state or country) <u>KANSAS</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>PAINTER</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>COLUMBUS R. MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>PHILENA TRUEX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>Mrs Iva Martin 6717 Montgomery Ave Kansas City Missouri</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		14. NAME OF HUSBAND OR WIFE <u>IVA. MARTIN</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) <u>generalized debility</u> DUE TO (c) <u>generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>generalized arteriosclerosis</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>3:30 A.</u> Month, Day, Year <u>4/7/1963</u>		20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>1966</u> to <u>4/7/1963</u> and last saw her alive on <u>April 3-1963</u> Death occurred at <u>3:30 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Eugene Smith M.D.</u>		22b. ADDRESS <u>411 Nichols Road K.C.M.S.</u>	
22c. DATE SIGNED <u>4/7/63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Hiawatha Kansas</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>April 7, 1963</u>	
24. FUNERAL DIRECTOR <u>1331-Brush Creek Blvd. D.D. Newcome's Sons Kansas City Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-7-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		27. DATE SIGNED <u>4/7/63</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Mr. N. Eugene Smith
801 West 88th Terrace

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold L. Betternack

Licensed Embalmer No. 3035

P. O. Address Overland Park, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.